

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Barton J. Milburn, Balajee Nagasubramaniam and Lingaraj Patil

Application No.: 10/700,206

Filed: 11/03/03

For: PERMANENT VIRTUAL CHANNEL/PATH CONNECTION MODIFY

# CERTIFICATE OF FIRST CLASS MAILING WITH MAIL STOP (CM-MS) (37 C.F.R. § 1.8(a)(i)(1)(A))

I hereby certify that on April 10, 2008 the following correspondence:

Name of Paper: Amendment Transmittal

Number of Pages: 2

Fees: 0

Amount: \$ 0.00

Payment By: 0

Other: Amendment Under Rule 116; Notice of Appeal from the Primary Examiner to the Board of Patent Appeals and Interferences (37 C.F.R. § 41.31) + copy; Check for \$510.00

is being deposited with the United States Postal Service in an envelope addressed to:

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Grace L. Klaar

Telephone Number: 412-621-9222

Tracey L. Klaas

Type or print name of person certifying

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Barton J. Milburn, Balajee Nagasubramaniam and Lingaraj Patil

Application No.: 10/700,206

Group No.: 2619

Filed: 11/03/2003

Examiner: Steven H.D. Nguyen

For: PERMANENT VIRTUAL CHANNEL/PATH CONNECTION MODIFY

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

#### AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

#### **STATUS**

2. Applicant is other than a small entity.

### **EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

#### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA		RA'	ГЕ		ADDIT. FEE	
TOTAL	13	- 20	= 0	х	\$	50.00	=	\$	0.00
INDEP.	4	- 4	= 0	х	\$	210.00	_=	\$	0.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+	\$	0.00	=	\$	0.00
					ΑD	TOTAL DIT. FEE		\$	0.00

No additional fee for claims is required.

## FEE DEFICIENCY

5. If an additional extension and/or fee is required, charge Account No. 19-0737.

If an additional fee for claims is required, charge Account No. 19-0737.

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